

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement of \$899.00 for dates of service 04/06/01, 04/16/01, 04/17/01, 04/23/01, 05/14/01, and 06/21/01.
- b. The request was received on 03/26/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. TWCC 62 forms
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/27/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 08/27/02. There was no 14 day response from the insurance carrier found in the dispute packet. The Carrier's initial response is reflected as Exhibit II.
4. Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor:

The requestor did not submit a position statement.

2. Respondent:

The Respondent did not submit a position statement.

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 04/06/01, 04/16/01, 04/17/01, 04/23/01, 05/14/01, and 06/21/01.
2. The following dates of service 04/05/01, cpt code 97110, 04/18/01, cpt code 97750-MT, and 04/19/01, cpt code 97110 have been withdrawn per a letter dated 08/09/02. The dates of service 05/14/01, cpt codes 97745-46-WH, 05/16/01, cpt code 97546-WH, and 05/30/01, cpt code 99213 have been paid according to the Table of Disputed Services submitted by the Provider.
3. The denial codes listed on the EOBs are “**F-N-FCE-ACCORDING TO THE 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES ON PAGE 35, THE START AND STOP TIME ARE NOT DOCUMENTED. G-INT-04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES INDICATE THAT THIS SERVICE IS AN INTEGRAL COMPONENT OF ANOTHER SERVICE, PROCEDURE, OR PROGRAM. SEPARATE REIMBURSEMENT IS NOT ALLOWED FOR THIS PROCEDURE. CODE-F-N-THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT.’ THE SERVICES PERFORMED ARE NOT REIMBURSABLE AS BILLED. TX24-F-G-RANGE OF MOTION AND MUSCLE TESTING PERFORMED DURING A RE-EVALUATION BY A PHYSICAL AND OCCUPATIONAL THERAPIST ARE INCLUDED IN THE RE-EVALUATION CODE AND WILL NOT BE REIMBURSED SEPARATELY. F-COPY-RULE 133.1 REQUIRES THE SUBMISSION OF LEGIBLE SUPPORTING DOCUMENTATION, THEREFORE, REIMBURSEMENT IS DENIED.**”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/06/01 04/16/01	95851	\$72.00 \$36.00	\$0.00 \$0.00	F,G,TX-24 CODE F,N	\$36.00	MFG MGR (I)(E)(3)	<p><b>“TX24-F-G-RANGE OF MOTION AND MUSCLE TESTING PERFORMED DURING A RE-EVALUATION BY A PHYSICAL AND OCCUPATIONAL THERAPIST ARE INCLUDED IN THE RE-EVALUATION CODE AND WILL NOT BE REIMBURSED SEPARATELY.”</b></p> <p>The Carrier denied these charges as being performed by a physical or occupational therapist. The medical documentation submitted by the Provider indicates that the services were provided by a D.C. and not a physical or occupational therapist. The medical documentation is signed by the D.C. on the dates in dispute. On the date of service 04/06/01 two body areas were tested, the wrist and neck. According to the Rule referenced this is allowable and reimbursement is recommended in the amount of <b>\$72.00</b>.</p> <p><b>CODE-F-N-THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT.’ THE SERVICES PERFORMED ARE NOT REIMBURSABLE AS BILLED.”</b></p> <p>On the date of service 04/16/01 only one body area was tested, the wrist. According to the Rule referenced this is allowable and reimbursement is recommended in the amount of <b>\$36.00</b>. Therefore, reimbursement is recommended in the amount of <b>\$108.00</b>.</p>
04/17/01 05/14/01	97750-FC	\$500.00 \$200.00	\$0.00 \$0.00	FCE-F-N FCE-F-N	\$100.00 (per hour)	MFG MGR (I)(2)	<p>“FCEs are allowed a maximum of three times for each injured worker. FCEs shall be billed as code 97750-FC. FCEs shall be reimbursed at \$100.00 per hour for a maximum of five hours (\$500) for the initial test and two hours (\$200) for an interim and/or discharge test. A summary report for each FCE is required and shall not be reimbursed in addition to the evaluation charge. Required documentation includes the start and end time for the FCE.” The Carrier denied the services as start and end time was not documented per the referenced rule.</p> <p>The Provider submitted FCEs dated 04/17/01 and 05/14/01 with the start and stop time hand written on each.</p> <p>Therefore, reimbursement is recommended in the amount of <b>\$700.00</b>.</p>
04/23/01	97750-MT	\$43.00	\$0.00	G-INT	\$43.00 (each 15 minutes)	MFG E/M (IV)(A)(1) CPT descriptor	<p><b>“G-INT-04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES INDICATE THAT THIS SERVICE IS AN INTEGRAL COMPONENT OF ANOTHER SERVICE, PROCEDURE, OR PROGRAM. SEPARATE REIMBURSEMENT IS NOT ALLOWED FOR THIS PROCEDURE.”</b></p> <p>According to the referenced Rule: “When the doctor performs a complete diagnostic service during an office visit (e.g. technical and professional component of a study), both components of the service shall be reimbursed in addition to the office visit.”</p> <p>The documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of <b>\$43.00</b>.</p>

06/21/01	99213	\$48.00	\$0.00	F-COPY	\$48.00	TWCC Rule 133.1 (E)(i) CPT descriptor	<p><b>F-COPY-RULE 133.1 REQUIRES THE SUBMISSION OF LEGIBLE SUPPORTING DOCUMENTATION, THEREFORE, REIMBURSEMENT IS DENIED."</b></p> <p>The Provider submitted documentation dated 06/21/01 that appears to be typed or computer generated.</p> <p><b>N-"...TWO OF THE THREE KEY COMPONENTS</b> (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; ..." "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the three key components: an expanded problem focused history; an expanded problem focused examination; medical decision of low complexity."</p> <p>The documentation is legible, but does not meet the criteria of the referenced rule or descriptor. The medical documentation does not support the office visit billed, nor does it meet two of the three key components as the referenced Rule indicates. Therefore, reimbursement <b>is not</b> recommended.</p>
<b>Totals</b>		\$899.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$851.00</b> .

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$851.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 21<sup>st</sup> day of October 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

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